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UTILITY	Atty Doc. No. 51705 Total Page 12				
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER				
TRANSMITTAL	Helmut AUWETER				
	Express Mail Label No	70			
Application Elements	Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	<u> </u>			
/X / Fee transmittal Form (Submit an original, and a duplicate for fee processing) /X / Specification Total Pages / (Preferred arrangement set for below)	6. / / Microfiche Computer Program (Appendix)/7./ /Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
escriptive title of the Invention	a./ / Computer Readable Copy				
ross References to Related Application	b/ / Paper Copy (Identical to computer copy)				
tatement Regarding Fed. Sponsored R & D	c/ / Statement verifying identity of above copies				
eference to Microfiche Appendix	ACCOMPANYING APPLICATIONS PARTS				
Background of the Invention	8./ / Assignment Papers (cover sheet & document(s)				
Brief Summary of the Invention	9/ / 37 CFR 3.73(b)Statement / /Power of Attorney				

Abstract of the Disclosure 3./ / Drawing(s)(35 USC 113)(Figs.) Total Sheets / / 4./ /Oath or Declaration Total Pages/ / a / / Newly executed (original or copy)

Signed statement attached deleting inventor(s) named in the prior application see 37 CFR 1.63(d)(2) and 1.33(b).

5. / Incorporation by reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

10./ /English Translation Document (if applicable)

/ / Copies of IDS Citations 11./ /Information Disclosure

12./ X/ Preliminary Amendment

13./ x/Return Receipt Postcard (MPEP 503)

6./	/ Other	
	-	

17. If a Continuing Application, check appropriate box and supply the requisite information:								
	1	/Continuation	1	/Divisional	1	/ Continuation-in part (CIP)	of prior application No.	
CORRES	PO	NDENCE ADDR	ESS					

/ Customer Number or Bar code Label

Brief Description of the Drawings (if filed)

Detailed Description

Claim(s)

or / / Correspondence address below

Insert Customer No. or Attach bar code label here

Name:

Herbert B. Keil

KEIL & WEINKAUF

Address:

1101 Connecticut Ave., N.W.

City

Washington

State: D.C.

Zip Code 20036

Country

USA

Telephone: (202)659-0100

Fax: (202)659-0105

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The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LARGE ENTITY				
Basic Fee	• • • • • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • •	\$			
Total Claims:	<u>19</u> -20	x x	\$09./\$18. =				
Indep. Claims:		= x	\$40./\$80. =				
[] Multiple Dependent Claim(s) presented:\$135./270 =							
[x] A check is enclosed for the filing fee. \$\frac{710.00}{}\$							
*If the difference is less than zero, enter "0".							

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The Commissioner is hereby authorized to charge any other [X]fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

Cell

KEIL & WEINKAUF

Herbert B. Keil Reg. No. 18,967

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